



British-Irish Council Ministerial Meeting, 2017

Misuse of Substances Discussion Paper

Drugs Strategies and Policy Developments

Ministers, in considering any future policies in relation to changing trends in drug use, agreed on the importance of:-

- (i) monitoring the effectiveness of responses to new psychoactive substances and keeping the evolving drugs situation under review;**
- (ii) promoting collaboration in the development of policies and interventions designed to reduce harm, support recovery and reduce drug-related deaths; and**
- (iii) exchanging information on outcome measurement frameworks in order to improve health and social outcomes for service users.**

Ministers are invited to agree:-

- (i) That the work sector should focus on:-**
 - Reducing harm and supporting recovery;**
 - New Psychoactive Substances;**
 - Effective treatment for heroin-dependent users;**
 - Performance and outcome measurement; and**
 - Changing policy directions, legislation and new developments.**
- (ii) That the work sector should keep the implications of the UK's exit from the EU under review.**
- (iii) That this paper be published on the Council's website and made available for interested stakeholders.**

1. Introduction and Background

1.1 At the British-Irish Council ministerial meeting in Dublin on 27 June 2014, the Council agreed on the need to respond effectively to evolving trends in drug use across Member Administrations, due to the public health risks associated with substance misuse. Cannabis, new psychoactive substances (NPS) and the misuse of prescribed medicines were of particular concern to the Council at that time. This paper aims to review Member Administrations' drug policies in the intervening period by:

- Comparing key developments in the drug strategies of Member Administrations;
- Highlighting notable changes in trends and challenges since 2014;
- Exploring responses to trends and challenges;
- Examining approaches used to measure outcomes; and
- Agreeing the future work programme having regard to the outcome of this review.

2. Development of drug strategies across Member Administrations

2.1 The British-Irish Council provides a useful forum for discussion of changing policy directions in the drugs area. Both the UK Government and the Irish Government launched new drug strategies in July, while Scotland has recently announced a refresh of its current strategy. Other Member Administrations are at different stages in the policy cycle, as set out in Appendix A of this paper.

2.2 The drug strategies of Member Administrations are increasingly oriented towards health-led approaches to the drug problem and share a vision centred on minimising the harm to individuals, families and communities caused by substance misuse. At the beginning of 2017, Guernsey's Drug & Alcohol Strategy was considered as a public health issue and subsequently moved from the Office of the Committee for Home Affairs to the Office of the Committee for Health and Social Care. The Irish Government's new strategy treats substance misuse and drug addiction as a public health issue, rather than a criminal justice issue, and advocates a person-centred approach to the drug problem.

2.3 There is a general acceptance that reducing drug supply alone is not sufficient to tackle the drug problem, and that an effective response also requires measures to reduce demand, such as prevention, treatment, and rehabilitation. The UK Government's new strategy emphasises the need for a balanced approach to tackling the harms caused by drugs, with action to prevent drug misuse, support people through treatment and recovery, and restrict the supply of drugs.

2.4 Building recovery is key theme of Member Administrations' strategies. The action plan of Scotland's 'Road to Recovery' includes commitments to support the development of recovery

communities and wider family supports. The new UK Drug Strategy emphasises that recovery is only achievable through a partnership based approach with action taken across a range of services, particularly housing, employment and mental health. Jersey and Ireland emphasise the need to tackle social exclusion and deprivation, which can contribute to the underlying reasons for substance misuse and impact recovery.

2.5. Changing policy directions, legislation and new developments

Member Administrations agree on the value of monitoring developments which may influence the direction of drug policies into the future. International dialogue on alternative approaches and measures with regard to conviction or punishment in cases of the possession of drugs for personal use has influenced the drugs policy debate in Ireland. Ireland's new strategy commits to the establishment of a working group to consider approaches taken in other jurisdictions to simple possession offences. In the context of an emerging political discourse on allowing the use of cannabis for "medicinal reasons", the Irish Government has recently undertaken to establish an access programme for cannabis-based treatments for patients under the care of a medical consultant, for particular medical conditions. Guernsey is working with Jersey to develop a common approach to enabling the access of patients to medicinal forms of cannabis in a controlled and managed way.

3 Notable changes in trends and challenges since 2014

3.1 Member Administrations face a range of challenges in responding to substance misuse, including rising rates of drug-related deaths, an increasing population of older drug users with co-morbidities and other complex needs, and harmful patterns of drug use. Of particular concern are new psychoactive substances (NPS), image and performance enhancing drugs (IPEDs) and the misuse of prescription drugs, due to the associated public health harms.

3.2 New psychoactive substances (NPS)

In recent years, Ireland, the UK Government, Guernsey and the Isle of Man have introduced legislation to address the challenges that have emerged in relation to NPS, with Ireland and the UK Government adopting similar legislative approaches. Early evidence from across the UK suggests that the 2016 Psychoactive Substances Act (PSA) has been successful in disrupting supply from high street outlets. The UK Government has published a review framework which sets out its proposed approach to reviewing the PSA across four key themes: enforcement activity and subsequent results; sales and availability; prevalence of NPS use; and social and health harms. The review will report its findings in late 2018.

Research has shown a substantial reduction in the use of NPS, since the Irish Government controlled over 260 new substances and introduced legislation in 2010 which effectively shut

down the high street head shop trade. While prevalence of NPS use is relatively low in the general population, the increase in the rate of deaths involving NPS from 8 in 2012 to 28 in 2013, and 23 in 2014 is a cause for concern. Ireland's new strategy highlights that NPS can also be sourced online and this underlines the need for the effective monitoring of online drug markets by law enforcement agencies to prevent their use as a means of trafficking illegal drugs and other substances into Ireland.

In July 2017, a multi-agency forensic centre of excellence was launched in partnership between the Scottish Government, Police Scotland, the NHS and a number of academic partners. The centre will bring together existing sources of data collection on NPS use and co-ordinate research on emerging trends in NPS.

The 'Welsh Emerging Drugs and Identification of Novel Substances' (WEDINOS) project identifies the composition of NPS material and provides the technical foundation in understanding what health and wider partners face when dealing with the effects of these drugs. More broadly, the Welsh Government backed DAN 24/7 helpline, conveys important education messages on the effects of NPS. Evidence from WEDINOS indicates a reduction in the range of NPS on the market and in circulation since the implementation of the PSA 2016. However, those that are on the illicit market are more harmful in terms of potency/toxicity and potential to result in deaths e.g. synthetic cannabinoids (e.g. Spice) and synthetic opioids (e.g. fentanyl derivatives).

Guernsey introduced legislation to address bulk importations of NPS under the Import and Export Law which resulted in local head shops eventually closing as they could no longer legally replenish their stock. However, this led to a significant increase of purchases from web based suppliers. Due to the health implications being encountered locally from their abuse, an import ban was placed on the most harmful substances, and all substances subject to an import ban were classified as controlled drugs. Guernsey also observes that as most of their goods are imported from the UK, there has been a decrease in the likelihood of NPS entering the Island since the UK's legislative changes took effect.

In Jersey, some changes have been detected in the market price and volume of cannabis and there are indications that small-scale cultivation continues in private premises. In Guernsey and the Isle of Man, cannabis resin remains the most prevalent controlled drug, whereas in other administrations cannabis herb is more commonly found. The use of the Dark Web to access drugs was presented as a particular challenge by Guernsey and also to some degree in Jersey.

Northern Ireland advises of anecdotal evidence that the ban has decreased the availability of NPS resulting in a move back to the 'traditional' illegal drugs, including heroin, in particular, among a small population involved in chaotic and risk taking behaviour. A similar decline in use has been observed in Jersey, with individuals moving away from NPS use and reverting to the use of the more traditional controlled drugs, particularly cannabis.

The Isle of Man has highlighted the unpredictable effects and behaviours that result from the use of NPS. The UK Government notes that, while NPS use among the general population in England and Wales has fallen, there remain some challenges, particularly regarding the use of Spice (which contains synthetic cannabinoids) amongst homeless and prisoner populations, a trend also evident within prisoner populations in Ireland. This underlines a continued need for targeted initiatives to raise awareness of the dangerous mental and physical health effects of NPS use, which can be exacerbated by drug and alcohol use. The UK Government is reviewing available evidence around Spice use in order to strengthen its understanding of the problem and identify potential next steps.

Public Health England (PHE) is working with Member Administrations (Scotland, Wales & Northern Ireland) on the development of a pilot programme to report adverse reactions to NPS. The RIDR (Report Illicit Drug Reactions) pilot was launched in March 2017 with the aim of reducing the time between the emergence of drug-related health harm and the dissemination of effective treatment responses, agreed by relevant clinical experts.

3.3 Image and performance enhancing drugs (IPEDs)

In Ireland, Jersey and Northern Ireland, services have reported an increase in clients who use IPEDs, such as steroids, in their needle and syringe programmes (NSPs), similar to the increase reported in English NSPs a few years ago. In Scotland, in response to concern about the growing use of IPEDs, the Scottish Drugs Forum has established an IPED Working Group. Additionally, dedicated IPED clinics operate as part of NSPs in Glasgow, Edinburgh, Aberdeen and Inverness. Earlier this year the Welsh Government, in partnership with organisations such as Sport Wales and Public Health Wales, held a national symposium focusing on the impact image and performance enhancing drugs (IPEDs) can have on individuals and the wider community.

Guernsey saw a spike in the use of its needle exchange service during 2016 which is attributed to steroid use. This was followed up by a media release and poster campaign in 2017 highlighting the risks and effects of steroid misuse, which targeted private and public fitness centres and health related establishments. Jersey report that 7% of their needle exchanges are for IPED users. While private gyms are happy to support the provision of

harm reduction information, they are reluctant to support the presence of Harm Reduction Workers for fear of negative business impacts.

The new UK Drug Strategy includes a commitment to work with key partners (Advisory Council on the Misuse of Drugs, UK Anti-Doping, law enforcement agencies) to raise awareness of the risks of IPED use and disrupt the supply chain. PHE has previously published guidance on local responses and the ACMD plans to publish advice on appropriate responses in 2018.

Given the divergent profile and nature of substance use among IPED users, there is a need for targeted harm-reduction, education and prevention measures that are tailored towards these higher risk groups. In order to enhance accessibility and engagement with this target group, consideration could be given to expanding the range of practice models, including the development of a specialised IPED clinic for those currently using mainstream NSPs.

3.4 Prescription medicines

Inappropriate use of prescription medicines can result from over-prescribing, the diversion of drugs to the illicit drug market, or people misusing prescribed medication by taking more than the recommended dose or consuming other substances at the same time. Many Member Administrations, in particular Northern Ireland, are concerned about the inappropriate use of a number of different prescribed medicines including:-

- opioids, such as fentanyl, oxycodone and tramadol;
- drugs that aid sleep and help anxiety, such as benzodiazepines and 'Z' drugs;
- other drugs, such as pregabalin and gabapentin which are prescribed to treat epilepsy and chronic pain.

3.5 Jersey highlights that opiate substitution medicines such as Subutex and Suboxone are being misused, while Guernsey note that the diversion of prescribed Suboxone has reduced significantly due to introducing supervised consumption in the community in 2015.

3.6 Ireland reports that prescription drugs were implicated in three of every four drug-related poisoning deaths during 2014. Two in every three deaths in Ireland in 2014 were due to a mixture of drugs, and benzodiazepines were the most common drug group involved in polydrug deaths.

3.7 The Isle of Man reports that prescription drugs were implicated in two out of every five drug-related deaths during the period of 2013-2015. In England and Wales, deaths related to the misuse of benzodiazepines, pregabalin and gabapentin continue to be a concern, all of which increased in 2016 from 2015, although the numbers remain small in comparison to opiate related deaths.

4 Interventions used to respond to trends and challenges

- 4.1 Ireland, Northern Ireland, Wales and the Isle of Man use a four tier model of service delivery, designed to enable people to receive services at the level of complexity that best corresponds to their needs. The Irish Health Service Executive has developed a National Drugs Rehabilitation Framework (NDRF) which acknowledges that providing integrated care is the shared responsibility of a range of agencies, depending on the needs of the individual concerned. The framework contains broad national protocols to facilitate inter-agency working, covering issues such as confidentiality, common assessment tools, referral procedures and conflict resolution between agencies.
- 4.2 The UK Government has moved away from the four-tier model as it was sometimes adopted too rigidly to suit the developing recovery orientation of treatment systems in England, and the flexibility and emphasis on community assets, including mutual aid, that this demanded. However, the four-tier model continues to form the underlying basis of treatment systems in many parts of England and elsewhere.
- 4.3 The Scottish Government is working in partnership with third-sector organisations, including the Scottish Drugs Forum, to develop a “Seek, Keep and Treat” framework, specifically designed to promote access to services, and retention in services, for the ageing drug using cohort. This framework adopts a holistic approach to service user needs, and will encourage Alcohol and Drug Partnerships and Health and Social Care Partnerships to think about the whole package of treatment and support services available when making commissioning decisions.
- 4.4 Some Member Administrations use commissioning frameworks to encourage service providers to reorient their work towards government priorities and meeting need. A regional commissioning framework has been in place in Northern Ireland since 2015, which will soon be evaluated prior to the introduction of a revised framework in 2019. Guernsey has introduced a single treatment service to reduce duplication and inefficiencies across services and detoxification and rehabilitation services in Jersey has services across all four tiers with detoxification and rehabilitation also made available in community settings.
- 4.5 Reducing drug-related deaths is a high priority among Member Administrations. Wales, the Isle of Man and Ireland have stepped up efforts to reduce such deaths through the wider distribution of naloxone. In Scotland too, a national naloxone programme ran from 2011 to 2016, during which time, almost 30,000 kits were distributed. The national programme has now been replaced by embedded local delivery, with continuing action to target hard-to-reach populations, including distribution in prison settings.

- 4.6 Following the publication of the results of a national inquiry into drug-related deaths in 2016, PHE has published updated guidance on widening access to naloxone, and the revised UK clinical guidelines will ensure clinicians have up-to-date advice on treatment and preventing drug-related deaths. In Wales, a national conference took place earlier this year, following on from a two month campaign on reducing drug-related deaths and the launch of a research report on fatal and non-fatal overdose. Further research is being undertaken which will focus on the barriers faced when trying to access services.
- 4.7 Ireland has recently legislated to allow for the establishment of supervised injecting facilities (SIFs). A HSE led SIF Working Group has been established to make recommendations on programme design, governance structures and to inform an appropriate procurement process. In Scotland, Glasgow City Health and Social Care Partnership is actively pursuing proposals to develop a safer drug consumption and heroin assisted treatment facility in the city centre. In Wales a multi-agency steering group (on which the Welsh Government sits in an observer capacity only) has been established to look at research and evidence on injecting facilities and consider the need in identified areas. Both Wales and Northern Ireland would like to share information about the role that such facilities could play in reducing harm among people who inject drugs.

5 Approach to measuring outcomes across the Member Administrations

- 5.1 There is an increased focus on outcome measurement within Member Administrations to assess to what extent drugs policies and interventions are improving health and social outcomes for service users.
- 5.2 Scotland has a 'Recovery Outcomes Web' tool that sits alongside existing data collection to monitor access to treatment services. From 2018, the new Drug and Alcohol Information System (DAISy) will provide additional data on recovery outcomes and contextual data, such as family circumstances. Scotland measures outcomes through an outcomes framework for Alcohol and Drug Partnerships (ADPs), the National Performance Framework outcomes and indicators, and the Local Delivery Plan Standard. These contribute to measuring progress against key national indicators including 'reduce the number of individuals with problem drug use', emergency hospital admissions, child welfare, homelessness, reducing crime and perceptions of the neighbourhood/community. From 2017/18, funding for drug treatment and support services in Scotland will be routed through Integration Joint Boards (aka Health and Social Care Partnerships), and outcome plans will be reported on publicly via these wider health and social care arrangements.
- 5.3 Northern Ireland has an impact measurement tool that measures the outcomes of individual clients in services across a range of recovery related domains (including drug use, involvement with criminal justice, physical health, housing and relationships).

- 5.4 The Welsh Government funding focuses on key performance indicators that Area Planning Boards (APBs) report against on a monthly basis which are discussed regularly with the APBs as part of their performance management arrangements. The wider outcomes are being measured through the Substance Misuse Delivery Plan (2016-18) which is clear about the contribution the substance misuse agenda can make to achieve the goals set out in the Well-being of Future Generations (Wales) Act 2015.
- 5.5 The Isle of Man has started measuring outcomes against a recently developed core dataset. Similarly, Jersey is currently developing an outcomes based framework to support the measurement and evaluation of their work. Key outcome indicators include death, illness and injury from drugs and alcohol use; offending behaviour from drugs and alcohol use; per capita consumption of alcohol; and self-reported alcohol consumption at harmful or hazardous levels. Guernsey's strategy has a number of indicators measuring a range of outcomes, including drug street prices, prescribing trends for drugs of concern, drug-related and drink driving offences, per capita alcohol consumption and drugs prevalence.
- 5.6 In Ireland, a longitudinal '*Performance Measurement Framework*' has been developed which aims to measure the effectiveness of interventions to tackle the drug problem by comparing changes in levels of substance use between Drug and Alcohol Task Force areas over the lifetime of the strategy. In areas where reductions in levels of substance use are observed, there is an opportunity to analyse what has contributed to the improvement and to transfer best practice to other areas, where there is less evidence of improvement. The Framework also incorporates a resource allocation model which provides an objective way of allocating funding on a more equitable and rational basis to target areas with higher prevalence of risk factors for substance misuse.
- 5.7 The UK's 2017 Drug Strategy includes new proposals to capture enhanced data on prevalence and treatment, including data on the frequency and type of drug use and using recovery data to segment the treatment population to better personalise support and recovery ambitions. This includes reporting on those sustaining freedom from their dependence at both six and 12 months. The strategy also includes commitments to develop a broader set of recovery outcome measures to capture the wide range of supports that people in recovery often need, across mental health, employment, housing and criminal justice partners. The primary measures will also be supplemented by health data including drug-related death, hospital admission and blood borne virus rates and other treatment measures including outcomes for parents and those with co-existing mental health problems and prison through-care. These measures are being developed across government departments, with a view to using the measures to report into a new Home Secretary-chaired Board to provide ministers with clearer oversight of progress.

6 Conclusions and future work programme

6.1 This paper has outlined the main features of Member Administrations' drug policies, changes in trends and challenges since the 2014 Ministerial meeting and highlighted the interventions that aim to respond to these issues. The potential for co-ordinated research activity focused on areas of mutual interest is acknowledged by Member Administrations. The Council proposes that the future work programme should address the key areas outlined below.

6.2 Reducing harm and supporting recovery

Ageing cohorts of substance users and increasing rates of polydrug use are contributing to rising rates of drug-related deaths. Sharing information on overdose prevention strategies, prescribing guidelines and treatment options, as well as, service reform within administrations should be a priority in the new work programme. The UK Government is keen to work with other administrations to monitor the impact of fentanyl-adulterated heroin and ensure preparedness in case of localised or dispersed increases in its availability and related deaths. The UK would also like to work with other administrations to understand better the links between substance misuse and intimate partner violence to support innovative approaches to working with victims and perpetrators of gender-based violence against women and girls.

6.3 NPS

NPS should be a standing item for future BIC meetings in order to share learning about the legislative approaches to the regulation and control of NPS, trends in use, their health and social harms and good practice models.

6.4 Effective treatment for heroin-dependent users, including Medically Supervised Drug Consumption Centres

Relevant Member Administrations would like to better understand the role Medically Supervised Drug Consumption Centres could play in responding to the needs of hard-to-reach drug users.

6.5 Performance and outcome measurement

Learning from the experience of Member Administrations who have developed outcome measurement frameworks should help to improve performance and attain better health and social outcomes for service users across the jurisdictions.

6.6 Changing policy directions and legislation

Member Administrations would welcome the opportunity of using the British-Irish Council as a forum to examine changing policy directions and legislative approaches in order to avail of the opportunity to transfer learning and experience gained in other Member Administrations, in addressing dimensions of the substance misuse problem.

Appendix A

Member Administration	Strategy
Guernsey Government	Combined “2015-2020 Drug & Alcohol Strategy”
Irish Government	Launched “Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025” on 17th July. This policy document has 5 goals and 50 strategic action to be delivered from 2017-2020. Following this time period, the strategic actions will be reviewed and a further action plan published for subsequent years.
Isle of Man Government	The Isle of Man does not have a strategy in place at the present time, but it is expected that they will launch their combined strategy towards the end of 2017.
Jersey Government	Combined drug and alcohol substance misuse policy is a part of its 2016-2019 ‘Building a Safer Society’ strategy.
Northern Ireland Executive	Combined “New Strategic Direction for Alcohol and Drugs (NSD) Phase 2”, was launched in 2012 and published its Fourth Annual Update Report in July 2016. NI has also initiated processes to review the existing strategy to determine whether it needs to be updated.
Scottish Government	“The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem” was launched in 2008. On 26th July 2017, the Minister for Public Health and Sport formally announced a refresh of the existing strategy and narrative, with a particular focus on emerging challenges and the changing nature of Scotland’s drug problem. Priority areas include the ageing cohort, matching treatment and support services to service-user needs (including promoting retention in services) and the rising trend in drug-related deaths.
UK Government	Drug Strategy 2017. The strategy focuses on drugs but references alcohol where there are clear overlaps, particularly in the context of reducing demand and supporting recovery from dependence.
Welsh Government	Combined drug and alcohol strategy “Working Together to Reduce Harm” to cover 2008-2018. Four separate implementation and delivery plans, of which the current one covers 2016-2018.

Appendix B

MISUSE OF SUBSTANCES Work Programme 2017/18

	Deliverables and Milestones - Misuse of Drugs	Lead	Completion Date	Outcomes
1	Hold work sector meeting at official level (substance misuse prevention)	Scotland	30 January 2017	Meeting Held
2	Hold work sector meeting at official level (substance misuse in vulnerable groups)	Isle of Man	09 May 2017	Meeting Held
3	Pre-ministerial work sector meeting	Scotland/ teleconference	05 September 2017	Meeting Scheduled
4	Hold work sector meeting at Ministerial level – drugs	Wales	21 September 2017	Meeting Proposed
5	Hold work sector meeting at official level	Ireland	January 2018	Meeting Proposed
ONGOING STANDING ITEMS				
6	Each administration provides update on substance misuse in their area and identifies any emerging threats.	All M.A.s	Quarterly	Increased knowledge and awareness of trends, policies and interventions across M.A.s
7	Advise on trends in drugs and alcohol use, approaches to prevention and education and promoting healthier lifestyles. Target specific cohorts and focus on family situations.	All M.A.s	Quarterly	
8	Share best practice on strategies, policies, interventions and research with a particular focus on reducing harm and supporting recovery.	All M.A.s	Quarterly	
9	New Psychoactive Substances	All M.A.s	Quarterly	
10	Changing policy directions and legislation and keep the implications of the UK's Exit from the EU under review.	All M.A.s	Quarterly	
DRUGS - SPECIFIC THEMES				
11	Drug Strategies and Policy Developments	Wales	21 September 2017	National policies informed by developments in other M.A.'s.
12	Medically Supervised Drug Consumption Centres	Dublin	Jan 2018	
13	Performance and Outcome Measurement	To be agreed		
14	Performance and image enhancing drugs	To be agreed		
ALCOHOL - SPECIFIC THEMES				
15	Scottish Court decision on Minimum Unit Pricing	Dublin	Jan 2018	National policies informed by developments in other M.A.'s.
16	Local level data collection to inform licensing	To be agreed		
17	Interaction with the alcohol industry	To be agreed		
18	Intervention+C16 Programmes to deal with Alcohol	To be agreed		